

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 88-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number: U- <i>13578</i>	2. Fiscal Year Covered From: <i>1 / 1 / 2004 Through 12 / 31 / 2004</i>
3. Name and address of person filing.	
Name Susan Taylor	Name American Federation of Teachers
P.O. Box, Bldg., Room No., if any	Labor Organization File Number <i>JDC 012</i>
Street 1520 Madison Road, Suite 101	Street 555 New Jersey Avenue
City Cincinnati	City Washington
State Ohio ZIP Code + 4 45106	State District of Columbia ZIP Code + 4 20001
5. Position in labor organization. Trustee, AFT Annuity Trust	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	7.b. Amount.

Signature

16. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct and complete. (See the section on penalties in the instructions.)

Signed

On 8-27-05 Date 513 961-2272 Telephone Number

Name of Person Filing Susan Taylor	File Number U-
------------------------------------	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
B. Name and address of Business (including trade name, if any).	9. Business deals with:
Name ING Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 151, Farmington Avenue City Hartford State Connecticut ZIP Code + 4 06156	<p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing. On July 12, 2004, I attended a Trust meeting where my hotel expenses were reimbursed by ING. This meeting was accompanied by meals and a reception.
Name APT Annuity Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 555 New Jersey Avenue NW City Washington State District of Columbia ZIP Code + 4 20001	<p>11.b. Approximate dollar value of such dealing. \$212</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.